



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

**Rhode Island Department of Transportation
Office of Human Resources**
Two Capitol Hill, Rm. 214
Providence, RI 02903-1124
Phone (401) 222-2572, Fax (401) 222-2574

APPLICATION FOR AN OFFICIAL LEAVE OF ABSENCE

EMPLOYEE: _____ ACCOUNT #: _____

DIVISION: _____ SECTION: _____

TYPE OF LEAVE BEING REQUESTED: (ENCIRCLE)

- | | |
|---|-------------------------------------|
| A. JURY DUTY LEAVE (SUBPOENA)
(Personnel Rule 5.0651) | E. FMLA/PERSONAL ILLNESS LEAVE |
| B. MILITARY TRAINING LEAVE | F. FMLA/WORKERS' COMPENSATION LEAVE |
| C. MILITARY ACTIVE DUTY LEAVE | G. OTHER LEAVE: |
| D. FMLA MATERNITY/PARENTAL/FAMILY LEAVE
(Personnel Rule 5.0661/RIGL 28-48) | |

DATES OF LEAVE: FROM: ____/____/05 TO: ____/____/05

Signature: _____ Date ____/____/05
Employee

Reviewed and Recommended/Not Recommended

Signature: _____ Date ____/____/05
Division/Section Administrator

Approved/Disapproved: _____ Date ____/____/05
Appointing Authority Designee/Human Resources

ALL LEAVE REQUESTS MAY BE SUBJECT TO INVESTIGATION AND AUDIT

THE EMPLOYEE MUST PROVIDE THE APPOINTING AUTHORITY WITH A THOROUGH WRITTEN EXPLANATION WITH THIS APPLICATION FOR ANY OF THE ABOVE LISTED LEAVE CATEGORIES IN ADVANCE.

ANY APPLICATION IS TO BE PRESENTED TO THE EMPLOYEE'S SECTION ADMINISTRATOR BEFORE FORWARDING TO THE HUMAN RESOURCES OFFICE